

POSITION	ID NO.	DATE
CLASSIFIER	7	10-31-94
EXAMINER	76	11-2-94
TYPIST	76	11-2-94
VERIFIER	20	11-4-94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1 ① ✓ =	
2 2	
3 3	
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24 24 ✓ =	
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SYMBOLS

- ✓ Rejected
- = Allowed
- (through number) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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